DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the application of which is attached hereto	OR	□ was filed on			
is attached hereto	OR	as United States Application Number or PCT International Application Number			
		(Confirmation No.), and was a	mended on	
			(if applicable).		
I hereby state that I have reviewed an amended by any amendment specifically		ontents of the above identified a	pplication, includin	g the claims, as	
I acknowledge the duty to disclose in continuation-in-part application(s), material application (s), material application	erial information wh				
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below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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ATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:						
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Inventor's Signature	lenge		Date	28 10.03		
Residence: City Ötisheim	State	Country Germany		Citizenship German		
Mailing Address: Schillerstr. 11						
City 75443 Oetisheim	State	Zip		Country Germany		
NAME OF SECOND INVENTOR:	<u> </u>					
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature		Date				
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF THIRD INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		
NAME OF FOURTH INVENTOR:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature		Date				
Residence: City	State	Country		Citizenship		
Mailing Address:		·	•			
City	State	Zip		Country		
NAME OF FIFTH INVENTOR:						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature			Date			
Residence: City	State	Country		Citizenship		
Mailing Address:						
City	State	Zip		Country		